PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number <b>10</b> / 5756/0													
		CLAIMS A		S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE		OF	OTHER THAN											
U.S. NATIONAL STAGE FEES							1	RATE	FEE	7.	RATE	FEE										
BASIC FEE						· · · · · · · · · · · · · · · · · · ·	1	BASIC FEE		OR	BASIC FEE	300										
EXAMINATION FEE								EXAM. FEE	<del>                                     </del>	1	EXAM. FEE	200										
SEARCH FEE							1	SEARCH FEE		1	SEARCH FEE	400										
FEE FOR EXTRA SPEC. PGS.			minu	ıs 100 =		/ 50 =	1	X \$ 125 =		1	X \$ 250 =	700										
TOTAL CHARGEABLE CLAIMS			37 min	us 20 = .		17	1	X \$ 25 =	<del> </del>	OR	X \$ 50 =	850										
INDEPENDENT CLAIMS			7 m	inus 3 = ,		<u> </u>	1	X \$ 100 =		OR		100										
MULTIPLE DEPENDENT CLAIM PRE			ESENT		•			+ \$ 180 =		OR												
• If	the difference	in column 1 is	less than zero	enter "0"	in co	lumn 2		TOTAL		OR	TOTAL	1750										
4	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL E				NTITY										
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	3	Minus	-5/		=		X \$ 25 =		OR	X \$ 50 =											
	Independent	<u>·a</u>	Minus	J		=		X.\$ 100 =		OR	X \$ 200 =											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =											
	•						٠.	FFF		OR	TOTAL ADDIT.											
		(Column 1)		(Colum	n 2)	(Column 3)			'		. [											
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =											
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =											
	FIRST PRES	ENTATION OF N	IULTIPLE DEPE	NDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =											
	If the entry in 🕶	ımn 1 is less than th	a aginy in each are	unite state t			. •	TÖTAL ADDÍT. FFF		OR	TÖTAL ADDIT. FFF											
	If the "Highest Nu If the "Highest Nu	imin i is less than the imber Previously Patient Previously Patient Previously Patrick Previously Previously Patrick Previously Previou	id For" IN THIS SP Id For" IN THIS SP	ACE is less ACE is less	than '20 than '3'.	", enter "20". . enter "3".	l in the	e appropriate box	in column	1.												
FORM	PTO-875 (Rev. 02	2/2005)						Dalani and Tax	lament Offic		FORM PTO-875 (Rev. 02/2005)  Patent and Tradamark Office - U.S. DEPARTMENT OF COMMEDICE											

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